

FILED DEC 2 1948

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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

38639

Registrar's No.

10093

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2539 Dodier St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
in this community.....  
years, months or days)

3. (a) PRINT  
FULL NAME

Arthur Seim

3. (b) If veteran,  
name war.....

3. (c) Social Security No. ....

4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married,  
divorced Single  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased September 23 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 1 26 hr. min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Union Blvd Hotel

12. Name John Seim

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sprenger

15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Erma Busche

(b) Address 2539 Dodier St

17. (a) Burial (b) Date thereof Nov. 22 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat. bridge lvd.

19. (a) NOV 22 1948 (b) J. B. L. L. L.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2539 Dodier St.  
20 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19  
year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from about  
Sept 15, 1948 to Nov 19, 1948;  
that I last saw him alive on Nov 19, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Carcinoma of sigmoid (upper)  
Due to with metastases

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations As above

Of autopsy.....

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature George A. Carroll (M. D. or other)

Address 607 N. Grand Date signed 11/21

De Paul Hospital  
Sunday 9-10-00

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

X Signed Ralph C. Lindem

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**